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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/643,061
		Filing Date	8/18/2003
		First Named Inventor	Mathias et al.
		Art Unit	1745
		Examiner Name	Ruthkosky
Total Number of Pages in This Submission		Attorney Docket Number	8540G-000091

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Response to Restriction Requirement and Return Postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 07-0960. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Reg. No.
Signature	<i>Anna M Budde</i>		
Date	May 11, 2006		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Anna M. Budde	Express Mail Label No.	EV 853 856 295 US (5/11/2006)
Signature	<i>Anna M Budde</i>	Date	May 11, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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EV 853 856 295 US

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FEE TRANSMITTAL for FY 2006

Effective 2/8/2006. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
120

<i>Complete if Known</i>	
Application Number	10/643,061
Filing Date	08/18/2003
First Named Inventor	Mathias et al.
Examiner Name	Chu
Art Unit	1745
Attorney Docket No.	8540G-000091 (GP-301332)

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 07-0960 Deposit Account Name General Motors Corporation				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td>120</td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>1453</td> <td>1500</td> <td>2453</td> <td>750</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>1462</td> <td>400</td> <td>1462</td> <td>400</td> <td>Petition fee under 37 CFR 1.17(f)</td> <td></td> </tr> <tr> <td>1463</td> <td>200</td> <td>1463</td> <td>200</td> <td>Petition fee under 37 CFR 1.17(g)</td> <td></td> </tr> <tr> <td>1464</td> <td>130</td> <td>1464</td> <td>130</td> <td>Petition fee under 37 CFR 1.17(h)</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Processing fee under 37 CFR 1.17 (q)</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>Total Claims</td> <td>-20 **</td> <td>= 0</td> <td>X 0 = 0</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>-3 **</td> <td>= 0</td> <td>X 0 = 0</td> <td>1809</td> <td>790</td> <td>2809</td> <td>395</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>1810</td> <td>790</td> <td>2810</td> <td>395</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="4">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="4"></td> <td colspan="4">*Reduced by Basic Filing Fee Paid</td> <td>SUBTOTAL (3)</td> <td>(\$120)</td> </tr> <tr> <th colspan="8">4. 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**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Anna M. Budde	Registration No. (Attorney/Agent)	35,085	Telephone	(248) 641-1600
Signature	<i>Anna M. Budde</i>		Date	May 11, 2006	

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